REMARKS

By this Amendment, claims 1, 4, 8-9, 11 and 15 are amended. Claims 3, 5-7, 10, 12-14 and 16-17 remain in the application. Thus, claims 1 and 3-17 are active in the application. Reexamination and reconsideration of the application are respectfully requested.

A minor editorial revision has been made to the substitute specification filed on July 6, 2006 to correct a typographical error. The revision to the specification does not add new matter. Therefore, the Applicants respectfully request that the revision to the substitute specification be entered.

In item 3 on page 2 of the Office Action, claims 1 and 3-17 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Joao (U.S. 6,283,761) in view of Jemes et al. (U.S. Patent Application Publication No. 2001/0037384, hereinafter "Jemes").

Without intending to acquiesce to this rejection, independent claims 1, 8 and 9 have each been amended to more clearly illustrate the marked differences between the present invention and the applied references. Accordingly, the Applicants respectfully submit that the present invention is patentable over the applied references for the following reasons.

The present invention provides a medical information system which includes two distinct groups that are connected to each other by a first network. In particular, the first group or network of the medical information system is a patient side's group, and the second group or network of the medical information system is a medical care provider's group. The first group or network includes at least one patient terminal 4 and at least one patient server 1, and the second group or network includes at least one doctor terminal 5 and at least one medical care provider server 2 (see Figures 1 and 12-14, for example).

The patient server 1 and the medical care provider server 2 are connected to each other by a first network 3A. The patient terminal 4 is connected to the patient server 1 by a second network 3B. The at least one doctor terminal 5 is connected to medical care provider server 2 by a third network 3C. The first, second and third networks are separate and distinct networks from each other.

This configuration allows for the patient server 1 and medical care provider server 2 to be configured not as a single server but as two, distinct, separate and decentralized

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servers. As a result, if either the patient server 1 or the medical care provider server 2 is downed (e.g., taken offline) for maintenance or to add more patient terminals 4 to the patient server 1 or more doctor terminals 5 to the medical care provider server 2, the other server is not affected when the patient server 1 or the medical care provider server 2 is downed. Furthermore, this configuration achieves a reduction in load to the respective servers 1 and 2, greater stability, high flexibility and a high level of security (see, for example, paragraphs [0011] to [0013] and [0076] to [0079] of the specification).

In addition, the present invention provides that the patient server 1 includes a database server function. In particular, the patient server 1 includes a first database that stores and manages vital information received from the patient terminal 4 through the second network 3B.

Further, the present invention also provides that the patient server 1 includes an application server function. In particular, the patient server 1 includes a first communication unit operable to communicate with the patient terminal 4, and allow the patient terminal to connect with the patient server to transmit vital information to the patient server 1 through the second network. Upon receiving the vital information from the patient terminal 4 through the second network 3B, the patient server 1 is operable to store and manage the received vital information in the first database of the patient server 1.

In addition, the first communication unit of the patient server 1 is also operable to communicate with the medical care provider server 2 and allow the medical care provider server 2 to connect with the patient server 1 to receive the vital information stored in the first database of the patient server 1 through the first network 3A.

Moreover, the present invention provides that the medical care provider server 2 also includes a database server function. In particular, the medical care provider server 2 includes a second database that stores and manages the vital information received from the patient server 1 through the first network 3A.

Further, the present invention provides that the medical care provider server 2 also includes an application server function. In particular, the medical care provider server 2 includes a second communication unit operable to communicate with the patient server 1, and allow the patient server 1 to connect with the medical care provider server 2

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and transmit the vital information stored in the first database to the second database of the medical care provider server 2 through the first network 3A. The medical care provider server 2, upon receiving the vital information stored in the first database of the patient server 1, is operable to store and manage the received vital information in the second database of the medical care provider server 2.

The present invention also provides that the second communication unit of the medical care provider server 2 is further operable to communicate with the doctor terminal 5 and allow the doctor terminal 5 to browse and review the vital information stored in the second database of the medical care provider server 2.

Accordingly, the present invention provides that the patient server 1 and medical care provider server 2 each include database server functions for storing and managing data, and for exchanging data between their respective databases.

In addition, the present invention provides that the patient server 1 and medical care provider server 2 each include application server functions. The application server function of the patient server 1 connects with the patient terminal 4 for the patient terminal 4 to transmit vital information to be stored in first database of the patient server 1. The application server function of the patient server 1 also connects with the medical care provider server 2 for the medical care provider server 2 to receive the vital information stored and managed in the first database of the patient server 1, and the medical care provider server 2 then stores and manages the received vital information in the second database of the medical care provider server 2.

Furthermore, the application server function of the medical care provider server 2 connects with the doctor terminal 5 so as to allow the doctor terminal 5 to browse and review the vital information stored in the second database of the medical care provider server 2.

Moreover, the present invention, through the use of separate and distinct networks (the first network 3A, the second network 3B and the third network 3C), controls the order in which data is transmitted.

In particular, the present invention provides that the vital information transmitted from the patient terminal 4 is transmitted in the following order:

1. to the patient server 1 through the second network 3B,

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2. to the medical care provider server 2 from the patient server 1 through the first
    network 3A, and

3. then to the doctor terminal 5 through the third network 3B.

This order is also followed when consultation data regarding a health status of a
patient is transmitted from the doctor terminal 5. In particular, the present invention
provides that consultation data transmitted from the doctor terminal 5 is transmitted in the
following order:

1.   to the medical care provider server 2 through the third network,

2.   to the patient server 1 through the first network, and

3.   then to the patient terminal 4 through the second network 3B.

Claims 1 and 8-9 have each been amended to recite the above-described features
of the present invention. The Applicants respectfully submit that the above-described
features of the present invention are not disclosed or suggested by Joao and Jemes.

Joao discloses a medical information system in which only one server (central
processing computer 10) serves as a connection node for a healthcare provider device 20
(doctor's terminal), a healthcare insurer communication device 30, a patient terminal 40,
and an intermediary (agent) communication device 50. That is, the central processing
computer 10 serving as the single server connects each of the doctor's terminal 20, the
healthcare insurer communication device 30, the patient terminal 40, and the
intermediary communication device 50 to each other to allow communication
therebetween (see Column 13, line 30 to Column 14, line 58 and Figure 1).

As acknowledged by the Examiner, Joao fails to disclose or suggest the second
and third networks as recited in claims 1 and 8-9. In an attempt to teach this feature, the
Examiner applied Jemes. Jemes discloses a configuration in which a plurality of groups
or networks are connected to each other by means of an enterprise backbone 12, where
such a configuration is intended to enhance security.

As shown in Figure 1, Jemes discloses that a known network is connected to the
enterprise backbone 12 which, as another network, connects the known networks to other
networks through a network firewall 20. In another embodiment, Jemes discloses that
network control points 26, 36, 44 connect the networks to each other (see Figures 2-4).

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Accordingly, if the Examiner were to consider Jemes as disclosing "second" and "third" networks, the network firewalls 20 and network control points 26, 36, 44 would correspond to the patient server and the medical care provider server of claims 1 and 8-9.

However, as described above, the patient server 1 and the medical care provider server 2 each include a database for storing and managing data and a communication unit for communicating and exchanging data between the terminals/servers. In particular, claims 1 and 8-9 recite that the patient server includes a first database operable to store and manage vital information received from the patient terminal through the second network. Claims 1 and 8-9 also each recite that the medical care provider server includes a second database that stores and manages the vital information received from the patient server through the first network.

Clearly, the network firewalls 20 and network control points 26, 36, 44 disclosed in Jemes do not include a database for storing and managing data. Instead, the network firewalls 20 and network control points 26, 36, 44of Jemes merely serve as routers or firewalls to enforce source integrity, network security policies, and routing functions (see paragraph [0036]).

Furthermore, the network firewalls 20 and network control points 26, 36, 44 disclosed in Jemes clearly do not include a communication unit for exchanging data between the databases of the patient server and medical care provider server, for communicating with a patient terminal and allowing the patient terminal to connect with the patient server to transmit vital information to the patient server through the second network to be stored and managed in the database of the patient server, or for communicating with a doctor terminal and allow the doctor terminal to browse and review the vital information stored in the second database of the medical care provider server, as recited in claims 1 and 8-9.

Therefore, the "second" and "third" networks which are connected with a "first" network by the network firewalls 20 and network control points 26, 36, 44 clearly do not cure the deficiencies of Joao for failing to disclose or suggest the second and third networks of claims 1 and 8-9, because the network firewalls 20 and network control points 26, 36, 44 clearly do not include either a database or a communication unit.

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As described above, Joao discloses that the central processing computer 10 serving as the single server connects each of the doctor's terminal 20, the healthcare insurer communication device 30, the patient terminal 40, and the intermediary communication device 50 to each other to allow communication therebetween (see Column 13, line 30 to Column 14, line 58 and Figure 1).

In other words, Joao discloses that data transmitted from the healthcare provider device 20, the healthcare insurer communication device 30, the patient terminal 40 or the intermediary communication device 50 must be first routed through the central processing computer 10 to then be transmitted to another device.

Despite acknowledging the failure of Joao to disclose or suggest the second and third networks of claims 1 and 8-9, the Examiner noted that Joao discloses that the <u>central processing computer 10</u> may be a single computer or a plurality of computers or computer systems which are utilized in conjunction with each other (see Column 13, lines 42-45). Based on this disclosure, the Examiner asserted that Joao discloses multiple networks interconnected within a larger network.

However, the Applicants respectfully submit that this disclosure does not change the network configuration of Joao described above to result in the inventions of claims 1 and 8-9. In particular, if the single central processing computer 10 serving as the connection point for the terminals/devices 20 30, 40, 50 was replaced with a plurality of central processing computers/networks 10, this network configuration would still require such central processing computers/networks 10 to route data sent from one terminal/device 20, 30, 40, 50 to another terminal/device 20, 30, 40, 50. Therefore, multiple central processing computers 10 would serve the same purpose as a single central processing computer 10, which is to route data from one terminal/device 20, 30, 40, 50 to another terminal/device 20, 30, 40, 50.

Accordingly, even if Joao were considered to include multiple central processing computers/networks 10, Joao would still result in one group of networks (the central processing computers/networks) that serve as a connection point between the terminals/devices 20, 30, 40, 50.

Joao also discloses that the doctor's terminal 20, the healthcare insurer communication device 30, the patient terminal 40, and the intermediary communication

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device 50 may be any computer or communication device, such as a personal computer, a server computer or a network computer (see Column 14, lines 49-58). The Examiner, however, unreasonably uses this disclosure to arrive at the conclusion that Joao and Jemes suggest "a vast array" and "a plethora of other computer system configurations," as if the Joao and Jemes references are capable of suggesting to one skilled in the art any conceivable network configuration.

However, as disclosed in Column 14, line 59 to Column 15, line 5, Joao discloses that if any of the central processing computer 10, doctor's terminal 20, healthcare insurer communication device 30, patient terminal 40, and intermediary communication device 50 is a sever computer, this is only for allowing such server computers 10, 20, 30, 40, 50 to engage in <u>bi-directional communication</u>, not a network configuration in which (A) a patient server and medical care provider server communicate and exchange data stored in their respective databases with each other through a first network, (B) a patient terminal communicates with and exchanges data with the patient server through a second network, and a (C) doctor terminal communicates and exchanges data with the medical care provider server through a third network, and browses and reviews data stored in the database of the medical care provider server, as recited in claims 1 and 8-9.

For at least the foregoing reasons, the Applicants respectfully submit that Joao and Jemes clearly do not result in features (A) to (C) as recited in claims 1 and 8-9.

Furthermore, in stark contrast to Joao and Jemes, the inventions of claims 1 and 8-9 each recite a particular order of data transmission. As described above, claims 1 and 8-9 recite that the vital information transmitted from the patient terminal is transmitted, in order, (1) to the patient server through the second network, (2) to the medical care provider server from the patient server through the first network, and then (3) to the doctor terminal from the medical care provider server through the third network.

In addition, claims 1 and 8-9 each recite that the doctor terminal is operable to transmit consultation data regarding a health status of a patient. As recited in claims 1 and 8-9, the consultation data is transmitted, in order, (1) from the doctor terminal to the medical care provider server through the third network, (2) to the patient server from the medical care provider server through the first network, and then (3) to the patient terminal from the patient server through the second network.

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This order of data transmission cannot be achieved by Joao because, as described above, Joao discloses that data transmitted from the healthcare provider device 20, the healthcare insurer communication device 30, the patient terminal 40 or the intermediary communication device 50 must be first routed through the central processing computer/computers/networks 10 to then be transmitted to another device. In addition, while Joao discloses that any of the computers/terminals/devices 10-50 may be servers, such a construction merely results in bi-directional communication between one computer/terminal/device 10-50 and another computer/terminal/device 10-50.

Moreover, the order of transmission (1)-(3) of either the vital information or consultation data as recited in claims 1 and 8-9 is clearly not disclosed or suggested by Jemes.

Accordingly, for at least the foregoing reasons, the Applicants respectfully submit that Joao and Jemes clearly fail to disclose or suggest each and every limitation of claims 1 and 8-9.

Consequently, no obvious combination of Joao and Jemes would result in the inventions of claims 1 and 8-9 since Joao and Jemes, either individually or in combination, clearly fail to disclose or suggest each and every limitation of claims 1 and 8-9.

Furthermore, it is submitted that the clear distinctions discussed above are such that a person having ordinary skill in the art at the time the invention was made would not have been motivated to modify Joao and Jemes in such a manner as to result in, or otherwise render obvious, the present invention as recited in claims 1 and 8-9.

Therefore, the Applicants respectfully submit that the claims 1 and 8-9, as well as claims 3-7 and 10-17 which depend therefrom, are clearly allowable over the prior art as applied by the Examiner.

In view of the foregoing amendments and remarks, it is respectfully submitted that the present application is clearly in condition for allowance. An early notice thereof is respectfully solicited.

If, after reviewing this Amendment, the Examiner feels there are any issues remaining which must be resolved before the application can be passed to issue, the
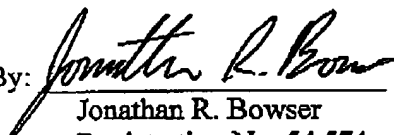
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Examiner is respectfully requested to contact the undersigned by telephone in order to resolve such issues.

A fee and a Petition for a one-month Extension of Time are filed herewith pursuant to 37 CFR § 1.136(a).

Respectfully submitted,

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